



Employment Application

NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION.

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ SSN _____

HOME/MESSAGE PHONE _____ CELL _____ Email _____

What position are you applying for? _____ Date available for work? _____

Shift(s) available: Days Evenings Nights Would you prefer to work: Full Part time Temporary

Are you legally entitled to work in the United States? Yes No Proof of right to work in the U.S. will be required if hired

Are you 18 years or older? Yes No If no, employment is subject to minimum legal age requirements.

Have you been convicted of a felony or released from prison within the past ten years for an offense that may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment.) Yes No

If yes, please indicate the date and nature of the offense _____

What are your starting monthly salary expectations? _____

Have you ever previously applied to or been employed by this company? If yes, when? _____

How did you learn about the opening? _____

EDUCATION			GRADUATE		
	Name and Location of School	Years Completed	Yes	No	Degree Received
High School					
College					
Trade					
Business, or					
Graduate School					

Were you known by any other name at any job or school listed on this application? Yes No If yes, what name? _____

Indicate school or employer _____

Indicate any other skills related to the position you are seeking _____

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please start with most recent employer, include military service. If currently employed, may we contact your employer? Yes No

Employer _____ Type of business _____ Telephone () _____
Job Title _____ City _____ State _____ Zip Code _____
Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Wage at exit _____
Reason for leaving _____
Duties _____

Employer _____ Type of business _____ Telephone () _____
Job Title _____ City _____ State _____ Zip Code _____
Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Wage at exit _____
Reason for leaving _____
Duties _____

Employer _____ Type of business _____ Telephone () _____
Job Title _____ City _____ State _____ Zip Code _____
Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Wage at exit _____
Reason for leaving _____
Duties _____

Employer _____ Type of business _____ Telephone () _____
Job Title _____ City _____ State _____ Zip Code _____
Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Wage at exit _____
Reason for leaving _____
Duties _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize Cole Graphic Solutions, Inc. to investigate all statements contained in this application and to request information about me from previous employers and educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (Cole Graphic Solutions, Inc.) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued rules and regulations of Cole Graphic Solutions, Inc. and that employment is for no definite period and may be terminated, at any time, with or without notice, by either party.

Signature of Applicant

Date